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On March 6, 2006

TOWNSEND and TOWNSEND and CREW LLP

By: Patricia Andrews

PATENT

Attorney Docket No.: 021288-002920US

Client Ref. No.: P1087US40

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

NASOFF et al.

Application No.: 10/723,383

Filed: November 25, 2003

For: METHODS AND COMPOSITIONS
FOR INDUCING APOPTOSIS IN
CANCER CELLS

Customer No.: 47388

Confirmation No. 5854

Examiner: C. Joyce

Technology Center/Art Unit: 1642

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 6, 2005, please enter the following amendments and remarks. A petition to extend the time for response from November 6, 2005 through March 6, 2006, accompanies this response.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

Appl. No. 10/723,383
Amdt. dated March 6, 2006
Reply to Office Action of October 6, 2005

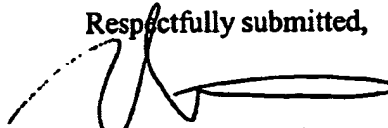
PATENT

CONCLUSION

In view of the foregoing, Applicants believe all claims now pending in this Application are in condition for allowance. The issuance of a formal Notice of Allowance at an early date is respectfully requested.

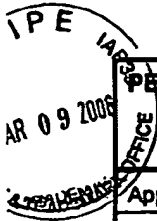
If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 415-576-0200.


Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Matthew E. Hinsch', with a long horizontal flourish extending to the right.

Matthew E. Hinsch
Reg. No. 47,651

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
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Attachments
MEH:meh
60716834 v1



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 021288-002920US	
Application Number 10/723,383		Filed November 25, 2003	
For METHODS AND COMPOSITIONS FOR INDUCING APOPTOSIS IN CANCER CELLS			
Art Unit 1642		Examiner C. Joyce	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ 1590
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,651</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		_____ March 6, 2006 Date	
_____ Matthew E. Hinsch, Reg. No. 47,651 Typed or printed name		_____ 415/576-0200 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			